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[x] The fee for the request for continued examination is calculated as follows:

	NO. OF CLAIMS	CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	Fee
Total Claims		- =		x \$18.00	
Independent Claims		- =		x \$84.00	
Multiple dependent claims not previously presented, add \$280.00					
Total Amendment Fee					
Continued Examination Fee under 37 C.F.R. §1.17(e) of \$750.00					\$750.00
If small entity status is applicable, subtract 50% of Total Amendment Fee and Continued Examination Fee					
Other fees: (specify)					
TOTAL FEE DUE					\$750.00

[X] A check for the total fee is attached.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment; to Deposit Account No. 03-3117.

Dated: May 9, 2003

Respectfully submitted,
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By:

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